

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

02 MAY 20 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

6743

1. PLACE OF DEATH

County Jasper  
Township Carthage  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 3020

File No. ....  
Registered No. ....  
Ward ....

2. FULL NAME

(a) Residence, No. 5 E. 1st St. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Head

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21/1864

7. AGE YEARS 72 MONTHS 10 DAYS 15 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wagon maker

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) Decatur, Texas (STATE OR COUNTRY)

13. NAME Joel Benj. Head

14. BIRTHPLACE (CITY OR TOWN) Carthage, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Francis Pagon

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Ray Head (ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Feb 9 1937

19. UNDERTAKER Knee Mortuary (ADDRESS) Carthage, Mo.

20. FILED Feb 9 1937 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1937 to Feb 6, 1937

I last saw him alive on Feb 6, 1937 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchitis pneumonia Date of onset

Other contributory causes of importance:

Coronary Thrombosis

Name of operation none Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Lloyd B. Clinton M. D.

(Address) Carthage, Mo.

